

<b>Case Number:</b>	CM15-0197988		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	03/09/2010
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 51 year old female patient, who sustained an industrial injury on 3-9-2010. The diagnosis includes left shoulder impingement. Per the doctor's note dated 10/5/15, she had left shoulder pain at 4/10. The physical examination revealed intact shoulder range of motion, mildly positive Hawkins and Neer signs for impingement, and mild tenderness over the bursa. Per the doctor's note dated 8-20-15, she rated her left shoulder pain 8 out of 10 and indicated she was unable to work. She also reported her pain to radiate into her neck and head and interrupt her sleep. She indicated she has to assist the movement of her left arm with the use of her right arm and is now feeling pain in the right shoulder. Physical examination revealed limited left shoulder range of motion, positive Hawkins and Neer signs for impingement, tenderness over the anterior bursa, and positive drop arm and empty can testing. Per the doctor's note dated 8-24-15, she reported left shoulder pain rated 4 out of 10. She indicated not being able to get her prescriptions for Duexis or Norco filled. Per the doctor's note dated 9-3-15, she was seen for follow up regarding left shoulder pain. She reported as doing well from corticosteroid injection and indicated she was pain free. Physical examination revealed intact left shoulder range of motion, no impingement, negative Hawkins and Neer's signs, no noted tenderness or swelling. Medications have included: Norco and Duexis. She has been utilizing opioids since at least October 2013, possibly longer. She has history of gastric upset with ibuprofen. The treatment and diagnostic testing to date has included: left shoulder surgery (11-17-2012), medications, corticosteroid injection (date unclear), ice, heat, magnetic resonance imaging of the left upper extremity joint (11-27-13). Current work status: returned to work on 8-24-15. The request for

authorization is for: Norco 5-325mg quantity 50 with 2 refills, and Duexis 800- 26.6mg quantity 90 with 2 refills. The UR dated 9-8-2015: modified certification of Norco 5- 325mg quantity 50 and Duexis 800-26.6mg quantity 90.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**Norco 5/325 #50 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** Norco 5/325 #50 with 2 refills. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 5/325 #50 with 2 refills is not established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. Therefore, the request is not medically necessary. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.

**Duexis 800/26.6mg #90 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 10/09/15), Duexis® (Ibuprofen & Famotidine).

**Decision rationale:** Duexis 800/26.6mg #90 with 2 refills. CA MTUS does not address this request. Per the ODG guidelines cited below, Duexis is "Not recommended as a first-line drug. [REDACTED] recently announced the launch of Duexis, a combination of ibuprofen 800 mg and famotidine 26.6 mg, indicated for rheumatoid arthritis and osteoarthritis. (FDA, 2012) Ibuprofen (eg, Motrin, Advil) and famotidine (eg, Pepcid) are also available in multiple strengths OTC and other strategies are recommended to prevent stomach ulcers in patients taking NSAIDS." A rationale for not using ibuprofen and famotidine as separate tablets is not specified in the records provided. The response to the individual medicines is not specified in the records provided. The medical necessity of the combination (in one tablet) is not fully established. The medical necessity of Duexis 800/26.6mg #90 with 2 refills is not fully established for this patient at this time. Therefore, the request is not medically necessary.